U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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All comments				
Name of Person Filing Michael Brandt III		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines tively seeking to represent, or ndirectly to, or otherwise	es		
8. Name and address of Business (including trade name, if any). Name Operating Engineers Credit Union Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 250 North Canyons Parkway City Livermore State California ZIP Code + 4 94551	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Local Union credit union. 11.b. Approximate dollar value of such dealing. N/A 12.a. Nature of interest held or income received. Board meeting fee.			
	12.b. Amount.	a Saddan Frankrick (1977) og de krapmalin server og engelegen er sællegen og de Saddan som i Saddan som i Sadda	The state of the s	\$440
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	PANA NAMINA WINDOWN WILL AND		
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14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

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